2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jun 04, 2013
Secretary of State

DOCUMENT# N18416

Entity Name: ST. JAMES HOUSE OF PRAYER, INC.

Current Principal Place of Business:

2708 CENTRAL AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

2708 CENTRAL AVENUE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2903066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRK, ERROL
6112 ASHFIELD PLACE
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

ROLLOCK, KENNETH SR WARD
19928 TAMIAMI AVENUE
TAMPA, FL 33647 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KENNETH ROLLOCK 06/04/2013
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: GRUNKE, ROGER
Address: 502 E. ROSS AVENUE #301
City-St-Zip: TAMPA, FL 33602

Title: D
Name: EDWARDS, KARLA
Address: 20644 LONGLEAF PINE AVENUE
City-St-Zip: TAMPA, FL 33647

Title: D
Name: KIRK, ERROL
Address: 6112 ASHFIELD PL
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D
Name: SANDERS, GINA
Address: 2627 BERMUDA LAKE DR. # 202
City-St-Zip: BRANDON, FL 33510

Title: D
Name: COX, RUAN
Address: 8420 MONTRAVAIL CIRCLE, APT 222
City-St-Zip: TAMPA, FL 33637

Title: D
Name: MENTIS-PHILLIP, CARLOTTA
Address: 7306 W. RIVERCHASE DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH ROLLOCK D 06/04/2013
Electronic Signature of Signing Officer or Director Date

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2013 CONGREGATIONAL VESTRY FORM

This information is very important to the Office of the Bishop, especially in cases of emergency. The data is recorded in the ACS diocesan data base and is used by the Bishop and his staff on a regular basis. Please remember that it is vital that you always notify the Office of the Bishop when changes to this information occur.

Complete this form as soon as possible and no later than March 1st, 2013 & return to:
Diocese of Southwest Florida, Attention: Jan Nothum, 8005 25th Street East, Parrish, FL 34219

This form may be completed electronically or by hand.

Should you opt to complete this form by hand, PLEASE PRINT CLEARLY

CONGREGATION: ST. JAMES HOUSE OF PRAYER **CITY:** TAMPA

Senior Warden	KENNETH ROLLOCK *Title, First Name, Last Name* 19928 TAMIAMI AVENUE, TAMPA, FL 33647 *Address, City, State, Zip*	
	813-929-1908 *Preferred Phone*	veitlyn@aol.com *Preferred E-mail*
Junior Warden	ROGER GRUNKE *Title, First Name, Last Name* 502 E ROSS AVENUE #301, TAMPA, FL 33602 *Address, City, State, Zip*	
	813-679-2945 *Preferred Phone*	roger@GRUNKEdesign.com *Preferred E-mail*
Vestry Treasurer	ELLENOR MONCRIEF *Title, First Name, Last Name* 2924 SPRING HAMMOCK DRIVE, PLANT CITY, FL 33566 *Address, City, State, Zip*	
	813-719-3742 *Preferred Phone*	elliejoe37@aol.com *Preferred E-mail*
Vestry Clerk	ANNA VALDES *Title, First Name, Last Name* 3424 W IVY STREET, TAMPA, FL 33607 *Address, City, State, Zip*	
	813-876-0409 *Preferred Phone*	annadv11@msn.com *Preferred E-mail*
Vestry Member	KARLA A. EDWARDS *Title, First Name, Last Name* 20644 LONGLEAF PINE AVENUE, TAMPA, FL 33647 *Address, City, State, Zip*	
	813-991-9136 *Preferred Phone*	karla.edwards@us.army.mil *Preferred E-mail*

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Vestry Member	DR. IDELIA PHILLIPS *Title, First Name, Last Name* — *Chairperson – Please specify (i.e. Outreach, Stewardship, etc.)* 6816 WATERTAN DRIVE, RIVERVIEW, FL 33578 *Address, City, State, Zip* 813-841-7260 — drphil.author@gmail.com *Preferred Phone* — *Preferred E-mail*
Vestry Member	CARLOTTA MENTIS-PHILLIP *Title, First Name, Last Name* — *Chairperson – Please specify (i.e. Outreach, Stewardship, etc.)* 7306 W RIVERCHASE DRIVE, TEMPLE TERRACE, FL 33637 *Address, City, State, Zip* 718-644-6647 — cmentisphillip@gmail.com *Preferred Phone* — *Preferred E-mail*
Vestry Member	DR. INEZ JOSEPH *Title, First Name, Last Name* — *Chairperson – Please specify (i.e. Outreach, Stewardship, etc.)* 9480 E FOWLER AVENUE, TAMPA, FL 33592 *Address, City, State, Zip* 813-986-1163 — ijoseph5@tampabay.rr.com *Preferred Phone* — *Preferred E-mail*
Vestry Member	GEORGETTE JOHNSON *Title, First Name, Last Name* — *Chairperson – Please specify (i.e. Outreach, Stewardship, etc.)* 3814 RIVER GROVE DRIVE, TAMPA, FL 33610 *Address, City, State, Zip* 813-237-4336 — ggj128@aol.com *Preferred Phone:* — *Preferred E-mail:*
Vestry Member	RUAN COX, JR. *Title, First Name, Last Name* — *Chairperson – Please specify (i.e. Outreach, Stewardship, etc.)* 8420 MONTRAVAIL CIRCLE, APT 222, TAMPA,FL 33637 *Address, City, State, Zip* 813-787-2713 — rcox@health.usf.edu *Preferred Phone* — *Preferred E-mail*
Vestry Member	KEISHAUN GREAVES *Title, First Name, Last Name* — *Chairperson – Please specify (i.e. Outreach, Stewardship, etc.)* 1720 BONITA BLUFF COURT, RUSKIN, FL 33570 *Address, City, State, Zip* 813-528-7986 — keishaun034@gmail.com *Preferred Phone* — *Preferred E-mail*
Vestry Member	*Title, First Name, Last Name:* — *Chairperson – Please specify (i.e. Outreach, Stewardship, etc.)* *Address, City, State, Zip* *Preferred Phone* — *Preferred E-mail*